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COUNTY OF LEICESTER  
EDUCATION COMMITTEE




ANNUAL  
REPORT

OF THE SCHOOL MEDICAL  
OFFICER FOR THE YEAR

1962



G. H. GIBSON, M.B., Ch.B., D.P.H.



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## COUNTY OF LEICESTER

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the work of the School Health Service in the County of Leicester for the year 1962. There has been much discussion in recent years of the value of the traditional scheme of routine medical inspection and a description is given in this report of a scheme of selective examination and re-examination undertaken by Dr. Kind in his area. In this connection it is interesting to note that the percentage of parents in the County attending the routine entrants' medical inspection is as high as 91%, the highest recorded, which would seem to indicate that in this particular age group, discussing problems with parents may well be the most useful part of the procedure that is still fulfilling a need.

Staffing difficulties unfortunately still call for comment. This is especially so in the School Dental Service as is emphasised in the report of the County's Principal School Dental Officer.

It is sometimes difficult to appreciate the tremendous changes which have taken place in the School Health Service, as in all aspects of social and medical work, in a comparatively short time. A study of the Annual Report of the Chief School Medical Officer 50 years ago in 1912 reveals that a great proportion of the work was taken up by cleanliness inspections, ringworm clinics, improvements to hygiene conditions in the schools, etc., although a beginning had then been made on a scheme for the diagnosis and treatment of defective vision. As far as handicapped children were concerned, mention was made of the ascertainment of deaf and blind children but as far as any other categories is concerned the following comment headed "Mental Capacity" is perhaps revealing.

"There has been no change in the manner of dealing with those children who are found to be below average or mentally deficient. Those children belonging to the latter class, who are so bad as to be uneducable, those who interfere with the general school work, and those who are subject to fits, are not allowed in school, but the others attend and learn what they can."

My thanks are due to Dr. J. R. Byars and Mr. D. A. Quinn for their help in the preparation of this Report and throughout the year. My thanks are also due to the committee for their interest and to the Director of Education and his staff for their co-operation. Special mention should be made of the teachers and particularly the Heads of Schools whose support is so freely given and is essential to the success of our work.

I have the honour to remain, Mr. Chairman, Ladies and  
Gentlemen,

Your obedient servant,

G. H. GIBSON,

*Principal School Medical Officer.*

# REPORT

## STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer:

G. H. Gibson, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer:

J. R. Byars, M.B., Ch.B., D.P.H.

Senior Medical Officers:

Marjorie L. Campbell, M.B., B.Ch., B.A.O., D.P.H.

I. C. Brannen, M.B., Ch. B., M.R.C.P., D.P.H.

School Medical Officers: :

Joan G. H. Bennett, M.B., B.Ch., B.A.O.

J. W. Hall, M.D., B.S., B.Hy., D.P.H.

J. B. Kershaw, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

R. W. Kind, M.R.C.S., L.R.C.P., D.P.H.

Loretto P. Murphy, M.B., B.Ch., B.A.O., D.P.H., D.C.H.

(Resigned 31.8.62).

Gillian Prosser-Ashby, M.B., B.S., B.A.O., D.C.H.

(Appointed 1.9.62).

A. C. Ross, M.B., Ch.B., D.P.H.

School Ophthalmologist (Regional Hospital Board):

Constance Walters, B.Sc., M.B., B.Ch.

Children's Psychiatrist (Regional Hospital Board):

Shiela M. W. Pittock, M.B., Ch.B., D.P.M.

Principal School Dental Officer:

W. G. Campbell, L.D.S.

School Dental Officers:

C. L. R. McLellan, L.D.S. (Retired 30.9.62).

Senior Speech Therapist:

Mrs. K. Tomlinson, L.C.S.T. (Resigned 28.2.62).

Miss J. E. Oliver, L.C.S.T. (Appointed 1.9.62).

Speech Therapist:

Mrs. P. Beeby, L.C.S.T.

Miss R. Kelham, L.C.S.T. (Appointed (1.9.62).

Miss E. A. Tarbotton, L.C.S.T.

Psychiatric Social Workers:

Miss J. Sutcliffe.

Mrs. A. Sluckin (Part-time).

Superintendent School Nurse (Combined Duties):

Miss A. Hornsby, R.G.N., S.C.M., H.V. Cert.

Deputy Superintendent School Nurse (Combined Duties):

Miss R. P. Taylor, S.R.N., S.C.M., H.V. Cert.

Health Visitors and School Nurses:

Miss M. B. Alderton.



# Staff of the School Health Service—continued

Miss J. A. Anderson.  
 Miss R. M. Austin. (Resigned 9.7.62).  
 Mrs. D. G. Baines.  
 Miss D. G. Baxter (Diabetic Health Visitor).  
 Miss E. J. Black.  
 Miss K. F. Boon.  
 Miss A. N. Bowmer (Appointed 3.12.62).  
 Miss W. D. Carter.  
 Mrs. G. E. Coulson.  
 Miss J. Daniels.  
 Miss D. M. Denning.  
 Miss H. Dible.  
 Miss E. M. Doherty.  
 Miss D. Downes.  
 Mrs. B. Dunne.  
 Miss J. Dyson (Health Education Health Visitor).  
 Mrs. D. Farmer.  
 Mrs. N. Foinette.  
 Miss E. M. Foxley.  
 Mrs. S. T. Grately.  
 Miss F. B. Henson.  
 Miss A. L. Holmes.  
 Mrs. B. Hudson.  
 Miss M. Jarvis (Appointed 1.2.62).  
 Mrs. K. B. Jones.  
 Miss L. Keith.  
 Mrs. E. Kerry (Part-time).  
 Mrs. D. M. I. Klein.  
 Miss A. H. Lancaster.  
 Miss K. M. McDonagh.  
 Miss G. McIlrath.  
 Miss G. Moss (Resigned 22.9.62).  
 Miss L. M. Mould.  
 Miss M. Nutting.  
 Miss M. J. Paterson.  
 Miss S. M. Pearce.  
 Miss M. E. Philip.  
 Miss A. M. Robertson (Appointed 13.6.62).  
 Miss E. Robinson.  
 Miss M. J. Roddis.  
 Mrs. H. Runswick (Health Education Health Visitor. Appointed 1.4.62).  
 Miss R. E. Sage (Appointed 23.7.62).  
 Mrs. B. Z. Sargeant.  
 Miss A. E. Simms.  
 Miss B. W. Simmons.  
 Miss E. F. V. Smith.  
 Miss M. E. Swingler.  
 Mrs. R. M. Whytock.  
 Miss N. I. Woolfit.

Audiometricians:

Miss J. A. H. Capewell.

Miss B. M. Cresswell (Appointed 3.9.62).

## NORTH DIVISIONAL EXECUTIVE

Divisional School Medical Officer:

R. C. Holderness, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

School Dental Officers: (Part-time):

R. Latimer, L.D.S.

## REPORT OF THE COUNTY

### I.—GENERAL STATISTICS

The number of schools in the County is as follows:

			<i>County</i>	<i>Aided and Controlled</i>
Secondary	...	...	37	10
Primary	...	...	110	144
Special	...	...	3	—
		Total	150	154

Number of children on the rolls 65,546

Average number of children on  
the rolls for the year ending  
July, 1962 64,871

Average attendance for the year  
ending July, 1962 59,059

The number of children on the school rolls has increased from 65,000 in 1961 to 65,546 for the current year. The net increase of 546 is the lowest figure for many years and is, in fact, only slightly more than half of the net increase for the previous year.

The net annual increases in the size of the school population for the past five years are given below:

<i>Year</i>				<i>Net increase in school poplation</i>
1958	...	...	...	2,048
1959	...	...	...	985
1960	...	...	...	1,437
1961	...	...	...	1,058
1962	...	...	...	546



## II.—MEDICAL INSPECTIONS

The number of children examined by school medical officers during the year were as follows:

Entrants	...	...	...	...	5,418
Leavers	...	...	...	...	2,666
Other age groups	...	...	...	...	5,146
Special inspections	...	...	...	...	522
Re-inspections	...	...	...	...	2,317
Total					<hr/> 16,069 <hr/>

In September, a pilot scheme of selective medical inspection and re-inspection was instituted in one area of the county. This area comprises the Market Harborough urban and rural districts, the Wigston urban district and the Oadby urban district. The basis of the scheme is that the medical officer should visit each school in the area once each term. The children who are examined are new entrants to school and those children who have moved into the area from other schools, irrespective of age. Children who are found to have defects are noted for re-inspection and the examining medical officer indicates the period which is to elapse before the re-inspection is to take place. This may vary from one term to as long as two or three years. Any child who is not due for re-inspection but whose health may have become suspect since the previous visit of the medical officer to the school will also be seen at the next inspection. This category covers children who have frequent or prolonged absences from school, those who are known to have undergone treatment for any ailment and those children who are examined at the request of the Head teacher of the school or parents. The scheme has only been in operation for four months and it is not yet possible to compare it with the ordinary scheme of inspection.

The numbers of parents attending at medical inspections, expressed as a percentage of the number of children examined, are given below together with comparative figures for the four preceding years:

	1958	1959	1960	1961	1962
Entrants	87%	88%	87%	88%	91%
Leavers	12%	9%	16%	12%	10%
Other age groups	73%	75%	75%	65%	72%

It is gratifying to note the increases in the number of parents attending of children in the entrants and other age groups. The 91% attendance in the entrants age group is the highest which has been recorded. The number of parents of leavers, however, has again fallen.

At routine medical inspections, a note is made of the number of children who are found to have had operative treatment for nose and throat conditions and these numbers are given in the following table.

<i>Age group</i>				<i>Received</i>	<i>Percentage of</i>
				<i>operative treatment</i>	<i>number examined</i>
Entrants	...	...	...	225	5%
Leavers	...	...	...	281	14%
Other age groups	...	...	...	572	14%

### III.—FINDINGS OF MEDICAL INSPECTIONS

#### *Skin Diseases.*

The number of children found with some skin complaint at routine inspections was 63. Of this number, 26 were either referred for treatment or were actually undergoing treatment at the time of the inspection. The remaining 37 were noted for observation at a future inspection.

#### *Defective Vision and Squint.*

The number of children found to require treatment for defective vision, squints and other eye conditions were as follows:

Defective vision	...	...	533
Squint	...	...	93
Other conditions	...	...	16

The number of children noted for future observation for the same defects were as follows:

Defective vision	...	...	243
Squint	...	...	28
Other conditions	...	...	16

#### *Ear Diseases and Defective Hearing.*

The number of children referred for treatment for defective hearing totalled 91. This number comprised 56 children with defective hearing, 24 with otitis media and 11 with other conditions. 197 children were found to have defects which were noted for observation.

#### *Nose and Throat.*

127 children were either referred for treatment or were actually under treatment for nose and throat conditions, and 337 were noted as requiring future observation.

#### *Defective Speech.*

63 children were found to have defective speech which required treatment. These cases were referred to the speech therapists. A further 53 had some speech defect which, although it did not warrant treatment at the time, was felt to require observation.



### *Lymphatic Glands.*

The number of children found to require treatment was 4 and the number of cases requiring to be observed was 33.

### *Heart.*

86 children were found to have heart defects, of which number 12 were referred for treatment and a further 74 were found to require future observation.

### *Lungs.*

25 children were either referred for treatment from the routine medical inspections or were undergoing treatment at the time of the inspection. 160 cases were noted for re-inspection at a future medical examination. The children found to require treatment were referred to the County Chest Clinic for the chest physician's opinion.

### *Developmental.*

The number of children found to require treatment and the number who needed observation were as follows:

			<i>Treatment</i>	<i>Observation</i>
Hernia	...	...	8	27
Other defects		...	17	226
		Total	25	253

### *Orthopaedic.*

The numbers of children found to require treatment for some orthopaedic defect were as follows:

Posture	...	...	12
Feet	...	...	59
Other	...	...	39

A total of 168 children required observation for a defect falling into one of these categories. The children who were referred for treatment were referred to either one of the two school health clinics or to the local hospital for treatment.

### *Nervous System.*

4 children were found to require treatment for defects of the nervous system, 2 for epilepsy and 2 for other defects. 33 children were found to require observation, 16 for epilepsy and 17 for other defects.

### *Psychological.*

The number of children found to require treatment in connection with their psychological development was 4, and the number requiring observation 33. The number found to require treatment for their stability was 12 and the number found to require observation under this section, 76.

*Abdomen.*

Only 2 cases were found to require treatment during the year and a further 13 noted for future observation.

*Other Diseases and Defects.*

In all, 28 cases were referred, 11 for treatment and 17 for future observation.

**IV.—INFECTIOUS DISEASES***Dysentery.*

In all there were 122 cases of dysentery notified during the year. Of this number, however, only 56 related to children of school age. This is a large increase on the previous year when there were only 13 cases notified.

*Scarlet Fever.*

There were 106 notified cases of scarlet fever among children of school age. This figure is almost double that for the previous year when there were 56 cases notified. Among all age groups the total number of notifications was 195.

*Measles.*

During the year there were 1,115 notifications. This compares very favourably with the figure for 1961, when there were 3,887 notifications relating to school children. The total notifications for all ages during the year was 2,261 against the figure of 7,087 for 1961.

*Whooping Cough.*

During the year there were only 35 notifications of cases of whooping cough among children of school age. This shows a marked reduction on the number of notifications for last year, when there were 83 and on 1959 and 1960, when there were 287 and 98 cases notified respectively.

*Poliomyelitis.*

There were no cases of non-paralytic poliomyelitis notified during the year but there were, however, 5 cases of paralytic poliomyelitis. Of this number, only 1 related to a child of school age. Of the 4 remaining, 3 related to children under school age and 1 to an adult.

*Tuberculosis.*

There were, during the year, 67 cases of respiratory tuberculosis, of which number 3 related to children of school age. The number of cases notified of non-respiratory tuberculosis was 20 and of this number 1 related to a child of school age.



### *Other Infectious Diseases.*

Other notifications received during the year relating to children of school age were as follows:

Meningococcal Infection	...	1
Pneumonia	... ..	3
Encephalitis	... ..	1
Food Poisoning	... ..	1

## **V.—EXAMINATIONS BY SCHOOL NURSES**

School nurses paid 850 visits to schools during the year and examined 97,860 children. 2,634 children were found to have some degree of infestation and these cases were all followed up with visits to the homes for treatment and further examination. The number of home visits made totalled 3,292 and of this number 1,484 were first visits and 1,808 subsequent visits.

## **VI.—MEDICAL TREATMENT**

### *Minor Ailments.*

The number of children attending the minor ailments clinics and the number of attendances made are given in the following table:

<i>Clinic</i>	<i>No. of Children</i>	<i>Total No. of attendances</i>
Leicester	26	26
Loughborough	77	163
South Wigston	320	688
	<hr/> 423 <hr/>	<hr/> 877 <hr/>

The number of children who have been seen at the clinics is virtually unchanged. The total number of attendances at clinics, however, has dropped.

### *Ear Diseases and Defects.*

During the year, 6,808 children were tested for defective hearing on routine visits to schools by the audiometrician. 302 children failed this routine test and were referred to their general practitioners for examination and, if necessary, treatment. These children were then re-tested and 142 were found to have no hearing loss and a further 46 were found to have a slight impairment of hearing which was not sufficient to warrant further treatment. These children were, however, noted for a further re-test to ensure that their condition had not deteriorated. The remaining 160 children who failed the original test were found to have a hearing loss which was considered sufficiently

serious to warrant further investigation, and these children were referred to the E.N.T. Consultant who attends the school clinic.

During the year, a second Peripatetic Teacher for the Deaf was appointed as it was found that the case load of work had increased rapidly.

### *Defective Vision.*

During the year the school ophthalmologist refracted 4,227 children. Of this number 2,721 children were found to require glasses and these were prescribed. Of the remainder, 660 were wearing glasses which were found to be suitable and did not require changing and a further 846 were found not to require glasses at all. The number of children to whom glasses are known to have been supplied under the National Health Service was 2,574.

### *Orthopaedic Treatment.*

Treatment for orthopaedic defects is given at the Coalville and Hinckley Clinics. These centres are administered by this department for the Regional Hospital Board. The details of the numbers of children who attended and the treatment which they received are given below:

#### Hinckley Clinic

Radiant Heat and Electricity ... ..	375
Muscle Re-education and Exercise	2,017
Massage and Manipulation ... ..	692
Dressings and Fittings of Appliances	31
Application of Plaster ... ..	5

The number of sessions held during the year was 91 and the total number of attendances was 2,472. The orthopaedic surgeon saw 278 patients on his visits to the clinic, of which number 76 cases were seen for the first time.

#### Coalville Clinic

Radiant Heat and Electricity ... ..	243
Muscle Re-education and Exercise	1,893
Massage and Manipulation ... ..	436
Dressings and Fittings of Appliances	6
Application of Plaster ... ..	1

The number of sessions at the clinic was 92 during which time 2,312 children attended. The surgeon saw 360 children during the year and of this number 62 were seen for the first time.

Children who require in-patient treatment are admitted to the Warwickshire Orthopaedic Hospital and during the year 25 children were admitted.



## VII.—SCHOOL CLINICS

The various sessions which are held at the school clinics are listed below:

<i>Clinic</i>	<i>Treatment</i>	<i>Number of Sessions</i>
St. Martin's, Leicester	Audiometry	Once per week
	Deafness in young children	Once per week
	Ophthalmic	Two per week, more if required
	Speech Therapy	Ten per week
	Enuresis	As required
	General Examinations	Once per week
Bridge Road, Coalville	Orthopaedic	Two per week
	Ophthalmic	As required
	Child Guidance	As required
	Speech Therapy	Two per week
Asfordby Road, Melton Mowbray	Ophthalmic	As required
	Child Guidance	As required
	Speech Therapy	Four per week
Countesthorpe Road, South Wigston	Minor Ailments	Once per week
	Speech Therapy	Four per week
	Ophthalmic	As required
	Dental	As required
Castle Street, Hinckley	Orthopaedic	Two per week
	Ophthalmic	As required
	Child Guidance	As required
	Speech Therapy	Three per week
Bridge Street, Loughborough	Minor Ailments	Five per week
	Dental	Five per week
	Child Guidance	As required
	Ophthalmic	Once per week, more if required
	Speech Therapy	Six per week
	General Examinations	Two per week

The school clinics are also used for Ante-natal Clinics, Infant Welfare Centres and for sessions for B.C.G. Vaccination and polio-myelitis vaccination.

## VIII.—DENTAL TREATMENT

### Report of the Principal School Dental Officer

The number of children on the school rolls is now 65,546, showing an increase over last year of 546. Although the school figures have, over the years, shown a steady annual rise, the amounts by which they increase have been gradually diminishing and this year's increase is only a little over half that of last year's.

During the year 14,566 children were inspected in the periodic age groups, while 599 children were inspected and treated as 'specials'. The children inspected represented 22% of the total number of pupils on the school rolls. A comparison with last year's figures shows that the percentage of children who did not receive routine inspection has risen from 66% to 78%. These figures bring sharply into focus the sad state into which the staffing position in the County has fallen.

The number of children treated with appliances for the correction of irregularities of the teeth was 33, while 12 were supplied with artificial teeth. The marked reduction in the number of dentures supplied, compared with last year, may be explained by the coming into force in 1961 of the Amended National Health Service Act, which enabled the priority classes to obtain dentures from National Health practitioners without charge, whereas, previously, a proportion of the cost had to be borne by the patient, and dentures were only obtainable free of charge from the School Clinics, whose services, therefore, were often sought solely for this form of treatment although other treatment had been obtained outside the School Service.

The acceptance of treatment rate this year is 63.7%, showing a fractional decrease from last year's figures, but comparing very favourably with the National average.

Clinics have been held on Saturday mornings at South Wigston and Coalville until the retirement of Mr. McLellan in September necessitated the closure of the Coalville Clinic.

Inspection and treatment of school pupils is carried out on an annual basis, permanent clinics being used for the treatment of neighbouring schools while schools situated away from the main clinics are treated by means of portable dental equipment used on school premises.

'Gas' sessions have been held at both the South Wigston and the Melton clinics, those at the latter clinic being for the treatment of the children of Craven Lodge Residential School, whose special circumstances merited the continuance of treatment since the retirement of Mr. Ward left the area without a dental officer. Dr. Kind was the anaesthetist at both Clinics and, in the case of the Craven Lodge children, pre-operative sedation was used with success in the administration of the general anaesthetics.

The Health Education Health Visitors have continued their dental health talks to mothers at the County Clinics. These talks are accompanied by the showing of films and it is hoped that, in this way, these young parents will be made increasingly conscious of the



great part they can play in safe-guarding and improving the dental health of their children, by ensuring that the rules of oral hygiene are constantly observed in the home and that the excessive consumption of sweets is avoided. In addition, it is to be hoped that the tax on sweets introduced during the year will also have its effect in lessening their undue consumption.

At the beginning of the year, the dental staff consisted of two whole-time officers and one part-time officer. In September, however, Mr. C. McLellan resigned his appointment in the Coalville area and so, during the last quarter of the year, the staff was reduced to one whole-time and one part-time officer, giving a whole-time equivalent of 1.5 officers. In reporting the retirement of Mr. Ward last year, I said that he had devoted his entire career to the dental care of children and these remarks apply equally to Mr. McLellan, who served this Authority for thirty-two years and to whom I give my very sincere wishes for a long and happy retirement.

I would like, in addition, to couple the name of Miss Simpson with that of Mr. McLellan. Miss Simpson was dental attendant in the Coalville area from September, 1922, until September 1962, and worked with Mr. McLellan throughout their long years of service together.

To Miss Simpson, too, I extend my good wishes for a happy and long retirement.

The results of the year's work are given in tabulated form at the end of the Annual Report.

In conclusion, I would like to thank Dr. Kind for his services as anaesthetist and to express my appreciation of the constant co-operation we have received from the Head Teachers and staffs of the schools under treatment.

### IX.—MILK IN SCHOOLS

The numbers of children in primary and secondary schools who were taking milk on a representative day in September, 1962, were as follows:

	<i>Primary</i>	<i>Secondary</i>
Number of children in attendance ...	34,721	26,669
Number of children taking milk ...	32,683	15,677
Percentage number of children taking milk ...	94.13 %	58.78 %

### X.—PROVISION OF SCHOOL MEALS

On a representative day in September, 1962, the following were the numbers of children who were taking school meals in the primary and secondary schools in the county:

	<i>Primary</i>	<i>Secondary</i>
Number of children in schools at which meals were available ...	33,899	26,669
Number of children taking meals ...	17,162	18,277
Percentage taking meals ...	50.63 %	68.53 %

## XI.—HANDICAPPED CHILDREN

The number of handicapped children on the register and in special schools at the end of the year was as follows:

	<i>No. on Register</i>	<i>No. in Special Schools</i>
Educationally sub-normal ...	294	137
Maladjusted ... ..	28	10
Epileptic ... ..	20	2
Blind ... ..	15	15
Partially Blind ... ..	25	14
Deaf ... ..	34	33
Partially Deaf ... ..	36	20
Delicate ... ..	29	10
Physically defective ... ..	144	14

(16 children were receiving tuition at the end of the year).

18 cases were reported to the Mental Health Department under Section 57 (3) of the Education Act, 1944. Of this number, 6 were male and 12 female.

2 children who had previously been notified to the Mental Health Department were examined at the request of parents under Section 57 (A) of the Education Act, 1944. In both cases, the examination showed that there was no improvement in the child's condition and in both cases this decision was accepted by the parents.

## XII.—SPECIAL SCHOOLS

I am indebted to Dr. R. C. Holderness for the following report:

### (a) MAPLEWELL HALL SPECIAL RESIDENTIAL SCHOOL

The school has continued to have its full complement of pupils during the year, a state of affairs unfortunately not matched by the ancillary and domestic staff. This has given rise to problems of administration from time to time, and there has been little opportunity to undertake activities not essential to the welfare of the children. For instance, it had been hoped to try the effect of bell training on some of the boys with nocturnal enuresis, but this has had to be shelved for the time being.

In the early part of July, four cases occurred of Sonne dysentery, and further cases, making a total of thirteen in all, occurred over the next few days. As the end of term was approaching, it was decided to carry out bacteriological investigation of all pupils, and to send home those who were found free from infection. As expected, a number of children, ten in all, were found to be symptomless carriers of the causative organism, and these were treated along with the declared cases. Repeated examinations were made of those found positive, and as they became negative they were discharged home. By the end of term only four children had not been cleared and these were sent home to the care of the family doctor. No cases or carriers were found among the staff.



I am indebted to Dr. R. W. Kind for the following report:

(b) CRAVEN LODGE SPECIAL RESIDENTIAL SCHOOL

1962 has been most notable for the change in the quality of children admitted to Craven Lodge. Physically these children are less adequate, although their mean level of intelligence is slightly higher. Their response to their environment is much slower and of a lesser degree and they present a more difficult educational problem than has been met hitherto. It is generally agreed by the staff of the School that, being more intelligent, they have been more readily conditioned 'not to learn' by their experiences prior to admission and that reconditioning is proceeding with unaccustomed difficulty. Visiting the homes of these children suggests that these are less stable and that the parents express more anxiety than is usually met.

Staffing has offered a new problem. The recruits to the child care staff are now aged 17 to 18 years and in view of their relative youthfulness and inexperience the staffing ratio of 1.15 hitherto used is no longer reasonable. In passing, it might be emphasised that at the wage offered, e.g. between £9 and £10 weekly more mature girls of over 21 years are not likely to be attracted to the posts.

The staff of the school have, on occasions, debated the successfulness, social usefulness and economic value of the work they do and always with inconclusive results. It would seem to be a worthwhile project to follow the progress of children admitted to Special Schools and to compare their status with that of children recommended for admission but not admitted. To make such a survey realistic, it would, of course, be necessary to establish the true size of the case load of educationally sub-normal children in the County. This information appears no more readily available than when its lack was first commented on ten years ago. Without it the staff of the School can be forgiven for sometimes feeling that they are working in isolation.

I feel it necessary to pay tribute to those General Practitioners of Melton Mowbray who maintain the day to day care of the children's health. The quality of their service is notable and contributes much to the peace of mind of the staff of the school.

### XIII.—SPEECH THERAPY

Statistics showing work done by the Speech Therapy Section during the year are given below:

<i>Clinic</i>		<i>No. of Sessions</i>	<i>No. of Patients</i>	<i>No. of Attendances</i>	<i>No. of Discharges</i>
Ashby/Zouch	...	26	34	220	18
Coalville	... ..	28	23	112	18
Hinckley	... ..	137	86	730	20
Leicester	... ..	310	170	1440	62
Loughborough	...	162	102	914	40
Lutterworth	...	80	61	328	8
Maplewell Hall	...	13	28	182	-
Melton Mowbray	...	55	53	337	12
Market Bosworth	...	134	52	746	12
Market Harborough		77	34	265	18
South Wigston	...	134	68	464	25
Craven Lodge	...	7	18	36	-

No. of Referrals for Audiometer Tests:— 43

School and Home Visits:—146

Adult Patients:— 18

Admissions from L.R.I.:— 13

The number of sessions held and patients treated during the year was considerably lower than in previous years. Mrs. Tomlinson, the Senior Speech Therapist, resigned in February and it was not possible to appoint her successor, Miss Oliver, until September. Similarly, the Speech Therapist who had left in August, 1961, was not replaced until September, 1962. This, of course, resulted in extremely long waiting lists of children for treatment. With the Section back to full strength in September, however, it was possible to dispose of these waiting lists within a relatively short period.

### XIV.—CHILD GUIDANCE

This is the first full year on which I have been able to report. It became abundantly clear that the services of another psychiatrist would be needed because of the pressure of, not only referrals for



diagnosis, but also treatment cases. The position with regard to treatment is extremely difficult, since by pressure of work generally only the psychiatrist can undertake therapy. Both the County psychologists are interested in therapy, but neither has much time to spare for it. All this has meant that the waiting list for treatment has become a long one, and the waiting period before therapy can be undertaken is usually anything up to a year. There are, of course, exceptions as children and adolescents who have attempted suicide must take priority.

1962 has been rather a difficult year for our Hostel for Maladjusted Children, The Homestead at Melton Mowbray, largely because of changes of staff and illness among the staff. At the end of 1962 we had only three staff functioning for the whole hostel, and we faced the prospect of the departure of the Assistant Warden some time during 1963. The amount of treatment time devoted to children from the Homestead increased during the year, and a definite period during one half-day a week has been set aside for such therapy. We have found that extreme cases of school refusal respond quite well to placement in the Homestead, provided that such placement is accompanied by help over emotional problems to the parents by a psychiatric social worker, and in some cases that the child is taken on for therapy by the psychiatrist. I would like to express my thanks here to the Warden and his wife, Mr. and Mrs. Lasson for their help and co-operation, particularly with those children having psychotherapy.

There has been a significant increase in the number of children and young adolescents referred because of attempted suicide. This does not appear to be a local problem, but a national one, and I, together with my colleagues elsewhere, am at a loss to explain this.

The number of children suffering from childhood psychosis referred to the Clinic has also increased, and it is to be hoped that in the not too distant future some kind of group or society, where the parents can meet and exchange their views, will be formed. The need for some such interchange is strongly felt by a number of parents of psychotic children, and indeed the father and mother of one child have expressed their determination to start a group on their own, if other parents are willing to divulge their names to them.

During this last year we were aware that our only full-time social worker, Miss Sutcliffe, would be taking a year's study leave as from the beginning of October. This left us in a position of having only a part-time psychiatric social worker, Mrs. Sluckin for the last quarter of the year, and in consequence the pressure of work on the psychiatrist was increased by the necessity of seeing parents and children under observation, where normally the P.S.W. would have coped. My thanks are due to Mrs. Sluckin for the extra work which she had to undertake, and for the increased intensity of her work far beyond what she was officially supposed to do.

There is no doubt at all that the establishment of staff for the County Child Guidance Clinic is too small. If, as is hoped, another psychiatrist is appointed at some time in the future, it would seem to

follow as a matter of course that the establishment of both psychologists and P.S.W.s should be increased. All of us here are under enormous pressure, and I would like to thank all my colleagues, and in particular Mr. Bradley, for the tremendous help which has been given to me personally.

I think it is appropriate here for me to record my thanks to the secretarial staff, especially my own secretary, Miss Harrison, and to the Clinic cleaner, Mrs. Scott. We are extremely fortunate in possessing the best cleaner that I think any of us here individually has ever come across.

S. M. W. PITTOCK,

*Consultant Child Psychiatrist.*

<i>Clinics</i>	<i>Annual No. New Patients of Sessions during year</i>		<i>Total Attendances</i>
Leicester ... ..	131	78	267
Loughborough ... ..	35	24	116
Melton Mowbray ... ..	1	2	2
Hinckley ... ..	24	17	77
Market Harborough ... ..	-	-	-
Coalville ... ..	20	10	59

#### XV.—PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

During the year, 1,405 certificates were issued to enable children to undertake part-time employment. These were as follows:

Newspaper delivery ... ..	1,245
Errands ... ..	86
Delivery of meat ... ..	30
Farm work ... ..	12
Delivery of milk ... ..	18
Others ... ..	14
	<hr/> 1,405 <hr/>



## XVI.—B.C.G. VACCINATION

The number of children in various schools who were offered vaccination is given in the following table. The acceptance rate of 81% is the highest which has been attained since vaccination was first offered.

## B.C.G. VACCINATION, 1962

School	No. of pupils eligible	No. of consents	No. skin tested	Readings		No. given B.C.G.
				+	—	
Ashby de la Zouch Boys Grammar ..	113	85	83	11	71	70
Ashby de la Zouch Girls Grammar ..	129	129	108	16	84	84
Birstall Longslade Grammar ..	6	6	6	1	4	4
Coalville Grammar ..	171	151	137	8	129	129
Hinckley Grammar ..	72	66	65	12	51	51
Kibworth Grammar ..	76	74	66	5	58	57
Lutterworth Grammar ..	88	75	71	5	66	66
Market Bosworth Grammar ..	74	72	69	15	53	52
Market Harborough Grammar ..	80	59	58	9	49	49
Melton Mowbray Grammar ..	160	149	144	32	93	93
Quorn Rawlins Grammar ..	100	88	85	8	74	74
Wigston Guthlaxton Grammar ..	36	28	28	5	23	23
Humphrey Perkins Grammar, Barrow ..	180	152	140	9	128	128
Birstall Stonehill High ..	172	157	147	22	125	125
Burbage Hastings High ..	247	192	167	46	121	121
Hinckley Westfield Boys High ..	158	108	100	15	85	83
Hinckley Mount Grace Girls High ..	135	114	112	20	79	79
Hinckley Heathfield High ..	218	195	182	31	148	144
Oadby Gartree High ..	238	198	167	21	143	143
Wigston Abington High ..	160	158	149	12	129	128
Wigston Bushloe High ..	165	104	100	11	89	87
Scraptoft Hamilton High ..	118	87	86	27	58	58
South Wigston Boys High ..	147	99	98	13	83	82
South Wigston Girls High ..	180	130	122	24	91	91
Anstey Martin Modern ..	200	150	140	20	113	113
Ashby Ivanhoe Modern ..	220	186	172	38	134	132
Bottesford Belvoir Modern ..	80	66	65	17	44	44
Braunstone Winstanley Modern ..	12	10	9	—	8	8
Church Langton Hanbury Modern ..	112	100	90	13	71	71
Coalville Castle Rock Modern ..	161	150	126	29	97	96
Coalville Newbridge Modern ..	114	96	79	20	59	55
Enderby Brockington Modern ..	165	152	146	11	135	139
Hugglescote Modern ..	109	102	101	24	77	74
Ibstock Modern ..	151	122	102	17	85	85
Lutterworth Modern ..	98	86	83	9	74	74
Market Bosworth Modern ..	60	53	52	15	48	37
Market Harborough Welland Park Modern ..	100	74	70	10	60	60
Markfield South Charnwood Modern ..	8	6	4	—	4	4
Melton Mowbray Boys Modern ..	215	171	163	40	115	115
Melton Mowbray Girls Modern (Sarson) ..	216	180	174	45	129	129
Thurmaston Roundhill Modern ..	186	154	129	8	117	117
Earl Shilton R.C. ..	16	11	11	5	6	6
Hinckley R.C. ..	32	28	26	3	23	21
Market Harborough R.C. ..	14	13	13	3	10	10
Loughborough Schools ..	1163	930	883	148	734	721
Total	6655	5516	5128	853	4177	4132

## XVII.—OTHER MEDICAL EXAMINATIONS

In addition to their school medical duties, the Medical Officers also carried out medical examinations for other departments.

The numbers of these examinations are given below:

Students	...	...	...	229
Teachers	...	...	...	103
Highways	...	...	...	30
Fire Service	...	...	...	36
Superannuation	...	...	...	30
				<hr/> 428 <hr/>

## XVIII.—CLASSIFICATION OF NUTRITION

Of the 13,230 children examined at periodical medical inspections 16 (0.12%) were found to be unsatisfactory with regard to their physical condition. In 1961 there were 38 children who were classified as unsatisfactory and this number represented 0.23% of the number examined.



## LEICESTERSHIRE EDUCATION COMMITTEE

### LOUGHBOROUGH DIVISIONAL EXECUTIVE

#### Annual Report of the Divisional School Medical Officer, 1962

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my eighteenth Annual Report as Divisional School Medical Officer.

I should like to thank the members of the Committee for their support during the year. My thanks are also due to the Head Teachers of the various schools for their willing and helpful co-operation, and to the members of the School Medical Staff.

I am, your obedient servant,

R. CAUTLEY HOLDERNESS.

#### STAFF OF THE SCHOOL MEDICAL DEPARTMENT

Divisional School Medical Officer (also Medical Officer of Health for Loughborough):

R. CAUTLEY HOLDERNESS, M.B., B.S., M.R.C.S., L.R.C.P.,  
D.P.H.

Dental Surgeon (part-time):

R. LATIMER, L.D.S.

School Nurses (also Health Visitors):

Miss E. M. Foxley, S.R.N., S.C.M., H.V. Cert.

Miss J. Daniels, S.R.N., S.C.M., H.V. Cert.

Miss K. F. Boon, S.R.N., S.C.M., H.V. Cert.

Miss S. M. Pearce, S.R.N., S.C.M., H.V. Cert.

Dental Attendants:

Miss B. M. Cresswell (Resigned August, 1962).

Mrs. E. Purnell (Appointed September, 1962).

Speech Therapist:

Mrs. K. M. Tomlinson, L.C.S.T. (Resigned January, 1962).

Mrs. P. A. Pollard, L.C.S.T.; A.L.A.M., I.P.A. (Appointed March, 1962).

Audiometrician:

Miss B. M. Cresswell. (Appointed September, 1962).

Clerical Staff:

Mrs. M. Paisley. (Resigned February, 1962).

Miss M. A. Robinson.

Miss M. E. Bunker. (Appointed March, 1962).

## GENERAL STATISTICS

Estimated Population—38.450

	<i>Number of Schools</i>	<i>Numbers on Rolls</i>
Primary ... ..	15	3,304
Secondary Modern ... ..	3	1,975
Secondary Grammar ... ..	1	916
	<hr/> 19 <hr/>	<hr/> 6,195 <hr/>

### *Medical Inspections.*

The number of children examined at periodic medical inspections in Primary and Secondary Schools totalled 2,154. Among these, 264 cases of defective vision and 182 other conditions requiring treatment were found. A number more were noted which required to be kept under observation.

636 children were re-examined in connection with defects found at previous inspections.

Parents are invited to be present at the inspections and re-examinations, and in the Infant and Junior Departments a high proportion attended, showing the interest that is taken in these inspections. From the Medical Officer's point of view, the parent's presence is helpful in enabling useful information about the child's general health to be obtained. It also enables many minor matters concerning treatment to be cleared up without the necessity for a special interview.

### *Footwear.*

In the past, complaint has often been made by those concerned with the care of children's feet, about the shape of shoes available for them, especially the younger ones. In recent years, with the co-operation of the manufacturers a range of shoes has been produced which is very satisfactory. It is all the more disappointing therefore, with good shoes available, to note the large proportion of older children wearing narrow pointed shoes which are likely to lead to deformity of the toes. The pointed shoe for girls has long been a cause of complaint, but with the introduction of the "Italian Style" and "Winkle Pickers", many adolescent boys have now adopted these exaggerated fashions and are cramping their toes just at a period of rapid growth, when deformity can readily be produced. Parents would be wise to exercise more supervision over the type of footwear selected by their teenage children, for the children it is who so frequently determine what they wear.

### *Uncleanliness.*

The number of children found to be verminous at the cleanliness inspections was 85. This is ten more than the number found in the



previous year, and although the figure is not large, it emphasises the necessity for continued vigilance in this respect. While in general, the hygiene of the children is good, a few unsatisfactory households and importations from outside the area provide a constant source of new infestations.

A total of 7,088 inspections was made during the year. One formal cleansing notice was issued.

### *Diseases of the Ear, Nose and Throat.*

48 children were referred to the Loughborough General Hospital for operative treatment for tonsils and adenoids during the year. In addition, a number of children referred by general practitioners and from other sources were dealt with.

### *Deafness.*

32 children suffering from some degree of impairment of hearing were referred for further investigation and treatment. Even though a child's deafness may be only partial and temporary, it is important to see that all possible measures are taken to ensure that as far as practicable his education does not suffer as a result. The child's teacher is always informed so that he can be given a favourable position in class and special note made as to his progress.

While the use of the pure tone audiometer for the routine testing of the eight year old children is being continued, the instrument is increasingly used for selected cases where there is a condition which may be due to, or associated with, a hearing defect, e.g. adenoids or speech defect. Apart from the ability of the instrument to detect the slighter degrees of hearing loss not previously detectable by other means it enables the precise degree and pattern of the defect to be recorded. This information is very useful in making comparative tests from time to time and enabling the effects of treatment or the progress of the condition to be assessed.

569 children were tested with the pure tone audiometer during the year. 120 children were re-tested, including some kept under observation from the previous year.

### *Defective Vision and Squint.*

The arrangements outlined in previous reports for the examination of children and the provision of spectacles under the hospital eye service have been continued.

### *Infectious Diseases.*

The only notifiable infectious diseases that occurred during the year were a few cases of Measles and fewer still of Scarlet Fever. No case of Poliomyelitis or Diphtheria occurred.



### *General Condition.*

The general physical condition of children has improved out of all recognition in the last twenty years. Malnutrition due to under-feeding is almost non-existent in this area nowadays, and in fact the overweight child poses more of a problem today.

### *Minor Ailments.*

During the year, 77 children made 163 attendances at the School Clinic for treatment of minor ailments.

### *Handicapped Pupils.*

No child suffering from physical defects sufficiently severe to require admission to a special school was found during the year. Thanks to the goodwill and co-operation of the Head Teachers and their Staffs, it has been possible for a number of quite severely handicapped children to be kept in the ordinary schools, which should always be the aim if at all possible.

The chief handicap found today calling for special educational treatment is the educationally subnormal child, but the development of special classes has enabled many such children to be kept in the ordinary schools. A number have however, been selected by the Psychological Service for admission to special schools.

### *Supply of Milk and Dinners.*

A count taken on one day during the month of October of the number of children taking milk and dinners in the schools gave the following figures:

Number of children on registers	...	...	6,196
Number taking milk	...	...	4,734
Number taking dinners	...	...	2,990

In 126 cases, included above, the dinners were provided free of charge.

### *Dental Inspection and Treatment.*

The number of children inspected during the year was 5,216, and of these 2,392 were found to require, and were referred for treatment. 1,516 children were treated at the School Dental Clinic and made 2,154 attendances. The percentage of consents to treatment at the School Dental Clinic was 35.7% and to treatment under private arrangements 53.1%. 11.2% failed to indicate their wishes, though it is possible that some of these also obtained private treatment.

33 children were supplied with regulation plates to correct irregularities of the teeth. 8 children were fitted with partial dentures to replace permanent incisor teeth.

### *B.C.G. Vaccination.*

Tuberculin testing and B.C.G. vaccination were offered to 1,163 children between the ages of 13 and 14 years, and 930 accepted. Of these 735 were found to require and 721 were given B.C.G. vaccine.

Arrangements were made for those children showing a marked positive reaction to the Tuberculin test to be X-rayed at the Mass Radiography Unit to exclude the possibility of an active lesion. All were found to be satisfactory.

### *Employment of Children.*

210 certificates were issued for part-time employment. In no case was it found necessary to refuse a certificate on medical grounds.

Doubts have been expressed from time to time about the advisability of children undertaking these additional activities while they are still in full-time education. There is no evidence however, that they find the burden excessive and in the great majority of cases, it is the children themselves who are the prime movers in obtaining employment. Nevertheless, it behoves parents to see that their children are not taking on too much, and that they get a proper breakfast and go to school in dry clothing. It should be noted that employment ceases at 8.0 a.m., i.e. an hour before school commences.

A review of the children in employment at the end of the year gave the following figures:

Number of children licensed	...	...	196
Children at Secondary Modern Schools	...	...	172
Children at Grammar Schools	...	...	24
Type of work:			
Newspaper delivery	...	...	144
Errands, etc.	...	...	52
Employed mornings only	...	...	84
Employed evenings only	...	...	57
Employed mornings and evenings	...	...	27
Employed Saturdays only	...	...	28

### *Speech Therapy.*

The service continues under heavy pressure. 4 sessions are held each week, and while the number of children has been reviewed, there are still some 33 awaiting treatment.

There is close integration between other health services, school parents and the Speech Therapist. School visits were undertaken to discuss the individual child's difficulties, as a speech defect inevitably affects every aspect of the child's life.

Number of sessions	...	...	162
Number of children attending	...	...	111
Number of attendances	...	...	914
Number of cases discharged	...	...	40
Number of school visits — also homes	...	...	6
Number on waiting list	...	...	33
Hearing tests	...	...	9

### NOTE:

The figures relate only to the period from the 8th March to the 31st December, 1962, as there was no Speech Therapist for the first quarter.



STATISTICS FOR THE WHOLE COUNTY

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

A.—Periodic Medical Inspections

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later ..	10	9	90.00	1	10.00
1957 .. ..	1,245	1,242	99.75	3	0.25
1956 .. ..	3,061	3,059	99.95	2	0.05
1955 .. ..	857	854	99.65	3	0.35
1954 .. ..	245	244	99.60	1	0.40
1953 .. ..	1,777	1,776	99.95	1	0.05
1952 .. ..	2,089	2,085	99.80	4	0.20
1951 .. ..	496	496	100.00	—	—
1950 .. ..	252	252	100.00	—	—
1949 .. ..	532	532	100.00	—	—
1948 .. ..	614	614	100.00	—	—
1947 and earlier ..	2,052	2,051	99.95	1	0.05
TOTAL .. ..	13,230	13,214	99.88	16	0.12

Pupils found to require Treatment at Periodic Medical Inspections  
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1958 and later .. ..	—	1	1
1957 .. ..	16	86	97
1956 .. ..	49	173	209
1955 .. ..	10	43	53
1954 .. ..	9	18	25
1953 .. ..	56	73	128
1952 .. ..	91	74	158
1951 .. ..	38	27	53
1950 .. ..	9	14	22
1949 .. ..	52	25	75
1948 .. ..	69	35	101
1947 and earlier .. ..	134	36	167
TOTAL .. ..	533	605	1,089

**B.—Other Inspections**

Number of Special Inspections	...	...	522
Number of Re-inspections	...	...	2,317
		Total ...	<u>2,839</u>

**C.—Infestation with Vermin**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	97,860
(b) Total number of individual pupils found to be infested	1,360
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

**D.—Screening Tests of Vision and Hearing**

1. (a) Is the vision of entrants tested? *Yes.*  
(b) If so, how soon after entry is this done? *First routine medical inspection.*
2. If the vision of entrants is not tested, at what age is the first vision test carried out? —
3. How frequently is vision testing repeated throughout a child's school life? *4 times as routine.*
4. (a) Is colour vision testing undertaken? *No.*  
(b) If so, at what age? —  
(c) Are both boys and girls tested? —
5. By whom is vision and colour testing carried out? *Medical Officers and Audiometricians.*
6. (a) Is audiometric testing of entrants carried out? *No.*  
(b) If so, how soon after entry is this done? —
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out? *8 years.*
8. By whom is audiometric testing carried out? *Audiometrician.*



**Defects found by Medical Inspection during the Year**  
**A.—Periodic Inspections**

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections			
		Entrants	Leavers	Others	Total
4	Skin .. .. T	11	6	9	26
		17	5	15	37
5	Eyes—a. Vision .. T	90	231	207	528
		67	52	124	243
	b. Squint .. T	61	7	25	93
		18	2	8	28
	c. Other .. T	7	2	7	16
		11	1	4	16
6	Ears—a. Hearing .. T	29	7	20	56
		56	9	66	131
	b. Otitis Media .. T	14	7	3	24
		28	6	23	57
	c. Other .. T	4	2	5	11
		3	1	5	9
7	Nose and Throat .. T	83	14	30	127
		278	10	89	377
8	Speech .. .. T	44	3	16	63
		47	—	6	53
9	Lymphatic Glands .. T	3	—	1	4
		26	1	6	33
10	Heart .. .. T	8	2	2	12
		42	15	17	74
11	Lungs .. .. T	7	6	12	25
		86	13	61	160
12	Developmental—a. Hernia .. T	6	—	2	8
		23	—	4	27
	b. Other .. T	9	1	7	17
		146	3	77	226
13	Orthopædic—a. Posture .. T	2	5	5	12
		12	7	5	24
	b. Feet .. T	15	9	35	59
		37	5	34	76
	c. Other.. T	16	5	18	39
		31	20	17	68
14	Nervous System—a. Epilepsy T	1	1	—	2
		11	2	3	16
	b. Other .. T	1	—	1	2
		9	1	7	17
15	Psychological—a. Development T	2	1	1	4
		15	6	12	33
	b. Stability .. T	2	2	8	12
		44	3	29	76
16	Abdomen .. .. T	1	—	1	2
		6	2	5	13
17	Other .. .. T	2	6	3	11
		9	1	7	17

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

## B.—Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin .. ..	105	6
5	Eyes—		
	a. Vision .. ..	30	11
	b. Squint .. ..	6	—
	c. Other .. ..	7	—
6	Ears—		
	a. Hearing .. ..	38	7
	b. Otitis Media ..	3	—
	c. Other .. ..	1	—
7	Nose and Throat .. ..	16	4
8	Speech .. ..	4	—
9	Lymphatic Glands ..	1	1
10	Heart .. ..	1	—
11	Lungs .. ..	3	3
12	Developmental—		
	a. Hernia .. ..	—	1
	b. Other .. ..	4	1
13	Orthopædic—		
	a. Posture .. ..	—	—
	b. Feet .. ..	1	1
	c. Other .. ..	5	7
14	Nervous System—		
	a. Epilepsy .. ..	4	1
	b. Other .. ..	—	3
15	Psychological—		
	a. Development ..	7	4
	b. Stability .. ..	22	2
16	Abdomen .. ..	—	—
17	Other .. ..	23	7



## Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

### A.—Eye Diseases, Defective Vision and Squint

	Number of cases dealt with
External and other, excluding errors of refraction and squint ... ..	87
Errors of refraction (including squint) ... ..	3,108
Total	3,195
Number of pupils for whom spectacles were prescribed	2,588

### B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases dealt with
Received operative treatment:—	
(a) for diseases of the ear ... ..	Not known
(b) for adenoids and chronic tonsillitis ... ..	" "
(c) for other nose and throat conditions ... ..	" "
Received other forms of treatment ... ..	182
Total	182

Total number of pupils in schools who are known to have been provided with hearing aids:—

* (a) in 1962 ... ..	14
(b) in previous years ... ..	139

\* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

### C.—Orthopaedic and Postural Defects

	Number of cases treated
(a) Pupils treated at clinics or out-patients depts.	283
(b) Pupils treated at school for postural defects	—
Total	283

### D.—Diseases of the Skin

(excluding uncleanliness, for which see Table C of Part I)

	Number of cases treated
Ringworm—	
(a) Scalp ... ..	—
(b) Body ... ..	2
Scabies ... ..	—
Impetigo ... ..	13
Other skin diseases ... ..	118
Total	133

**E.—Child Guidance Treatment**

	Number of cases treated
Pupils treated at Child Guidance clinics ... ..	147

**F.—Speech Therapy**

	Number of cases treated
Pupils treated by speech therapist ... ..	729

**G.—Other Treatment Given**

	Number of cases dealt with
(a) Pupils with minor ailments ... ..	117
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vaccination ... ..	4,135
(d) Other than (a), (b) and (c) above ... ..	—
Total (a)—(d)	4,252

**Dental Inspection and Treatment Carried Out by the Authority**

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) At periodic Inspections ... ..	14,566
(b) As Specials ... ..	599
	<hr/>
	Total 15,165
	<hr/>
(2) Number found to require treatment ... ..	11,113
(3) Number offered treatment ... ..	5,532
(4) Number actually treated ... ..	3,527
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h) ... ..	5,113
(6) Half days devoted to:	
(a) Periodic (School) Inspection ... ..	184
(b) Treatment ... ..	741
	<hr/>
	Total 925
	<hr/>
(7) Fillings:	
(a) Permanent Teeth ... ..	3,069
(b) Temporary Teeth ... ..	53
	<hr/>
	Total 3,122
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## (8) Number of Teeth filled:

(a) Permanent Teeth	...	...	...	...	2,658
(b) Temporary Teeth	...	...	...	...	53
				Total	<u>2,711</u>

## (9) Extractions:

(a) Permanent Teeth	...	...	...	...	644
(b) Temporary Teeth	...	...	...	...	2,620
				Total	<u>3,264</u>

(10) Administration of general anaesthetics for extraction 56

## (11) Orthodontics:

(a) Cases commenced during the year	...	...	...	16
(b) Cases brought forward from previous year	...	...	...	17
(c) Cases completed during the year	...	...	...	4
(d) Cases discontinued during the year	...	...	...	5
(e) Pupils treated by means of appliances	...	...	...	33
(f) Removable appliances fitted	...	...	...	24
(g) Fixed appliances fitted	...	...	...	4
(h) Total attendances	...	...	...	164
(12) Number of pupils supplied with artificial teeth	...	...	...	12

## (13) Other operations:

(a) Permanent Teeth	...	...	...	...	295
(b) Temporary Teeth	...	...	...	...	16
				Total	<u>311</u>











